



(Rev. 8/97)

**Massachusetts
Department of
Revenue**

Wage Reporting Magnetic Media Transmitter Report

Please print or type. For **each** tape or cartridge submitted, complete a separate Magnetic Media Transmitter Report. Mail the complete report and tape or cartridge to: **Massachusetts Department of Revenue, PO Box 7030, Boston, MA 02204.**

Your tape cannot be processed without the transmitter FID number.

Transmitter Federal ID number: _____

Transmitter's name

Street address

Contact person

City/town

State

Zip

Phone number

()

1. Check box only if your organization's name or address has changed since filing its last report. ☐

2. Is the tape submitted a multiple reel file? ☐ Yes ☐ No.

Enter tape numbers of multiple reel files. _____ / _____ / _____ / _____

3. Please provide the information requested below:

DOR format is used only when 96 bytes is selected.

Tape layout: _____ SSA Format _____ DOR Format _____ ICESA Format

Period filed: _____ Quarter = 1, 2, 3 or 4 _____ Year

Format: _____ ASCII _____ EBCDIC _____ VMS

Density: _____ 1600 BPI _____ 6250 BPI _____ 37,871 BPI

Blocking factor: _____

Internal label: _____ IBM Standard _____ Unlabeled

Record length: _____ 275 Bytes _____ 276 Bytes _____ 96 Bytes

4. What is the total number of **employers** reported? _____

5. What is the total number of **employees** reported? _____

I declare that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Signature

Title

Date

For internal use only — tape validation number: _____